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000530 7390 11/16/2005

LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK
600 SOUTH AVENUE WEST
WESTFIELD, NJ 07090

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02/15/2006 TBESHAH2 00000070 121095 10782615

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 10782.613

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10782.613	02/19/2004	Carlos E. Collazo	OSTEONICS 3.0-468	5099

TITLE OF INVENTION: TIBIAL CUTTING GUIDE HAVING VARIABLE ADJUSTMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/16/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SHAFFER, RICHARD R	3733	606-087000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 LERNER, DAVID, LITTENBERG,
2 KRUMHOLZ & MENTLIK, LLP
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Howmedica Osteonics Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mahwah, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Arnold H. Krumholz

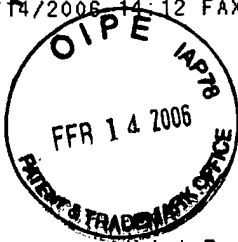
Date 2/14/06

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Registration No. 25,428

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FACSIMILE TRANSMISSION**ISSUE FEE TRANSMITTAL
AND PUBLICATION FEE****ATTORNEY DOCKET NO.: OSTEONICS 3.0-468****APPLICATION NO.: 10/782,615****CONFIRMATION NO.: 5099****MAILING DATE OF NOTICE OF ALLOWANCE: November 16, 2005****FAX NUMBER: (571) 273-2885****PAGES INCLUDING COVER SHEET: 2****PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

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